

### Delegate Registration Form

**Course Date:**

Full Name: (as it appears on the GDC register)					
Contact Address:					
Telephone Number:			Email Address:		
GDC Number:					
Dentist	Hygienist	Therapist	Orthodontic Therapist	Dental Nurse	Clinical Dental Technician
Payment Options:			Cheque: payable to 'Linda Greenwall'		
Credit/Debit Cards	Visa	MasterCard	Amex	Other	
Card Number:			Expiry Date		Security Code*
*Last 3 digits on the back or 4 digits on the front for American Express					
Name on the card:					
Bank Transfer	Hampstead Healthcare Ltd Lloyds TSB Bank plc.		Account No: 41183668	Sort Code: 30-96-35	
International Bank Transfer	IBAN GB14 LOYD 3096 3541 1836 68		BIC LOYDGB21023		
Special Dietary Requirements			Is there anything we should know that can affect how you learn?		
Emergency Contact Name: (on the course date)			Emergency Contact Tel No: (on the course date)		
Consent to photographs taken during the course for promotional purposes (website, facebook etc.)					
Delegate Signature _____			Date _____		

Terms & Conditions: Cancellation 30 days or less - no refund. Aesthetic Seminars reserves the right to change the venue and/or date at any time. We reserve the right to cancel the course, in which all monies will be refunded. We accept no liability if the course does not take place for reasons beyond our control